Make checks payable to PEC

Mail or fax entries along with checks payable to PEC to:

424 Waxhaw-Indian Trail Rd., Waxhaw, NC 28173

PROVIDENCE EQUESTRIAN CENTER

PHJA Horse Show

Saturday September 18, 2010 7:30 Start

Only one owner per form. Please enclose copies of negative coggins test for all horses entered. Every horse on the grounds, showing or not, must be officially entered with an entry form.

Phone 704-843-5215 Fax 704-243-4702

office use only	COGGINS	HUNTERS-HORSE NAME class numbers go under name	OWNER'S NAME	RIDER'S NAME	AGE	ENTRY FEE
office use only	COGGINS	EQUITATION-HORSE NAME class numbers go under name	OWNER'S NAME	RIDER'S NAME	AGE	ENTRY FEE

I REALIZE THAT HORSES, RIDING, AND HORSE HANDLING ARE DANGEROUS AT ANY AND ALL TIMES AND THAT THE POSSIBILITY OF INJURY TO MYSELF, MY FAMILY OR MY HORSE OR DAMAGE TO EQUIPMENT EXISTS PURSUANT TO MY AND MY FAMILY'S PARTICIPATION. I AGREE NOT TO HOLD PROVIDENCE EQUESTRIAN CENTER, IT'S OWNERS, EMPLOYEES, OR BOARDERS LIABLE FOR **ANY** INJURY, LOSS OF LIFE, ILLNESS, THEFT, OR DAMAGE TO HORSE(S), RIDER(S), SPECTATORS, OR EQUIPMENT FOR **ANY REASON.**

SUBTOTAL	
LATE FEE after nnoon on 9/17/10	$15.00
OFFICE FEE	$20.00
STALL FEE $25/night	
TOTAL DUE	

Owner's Name: _____	Trainer's Name: _____	Rider's Name: _____
Address: _____	Address: _____	Address: _____
City/State/ZIP _____	City/State/ZIP _____	City/State/ZIP _____
Telephone _____	Telephone _____	Telephone _____
X _____	X _____	X _____
Owner's or Agent's signature required	Trainer's signature required	Rider's signature (if under 18 parent/guardian must sign)